Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

TOTAL CLAIMS			CLAIIVIS A	2 LIFED -	- PART I				SMALL ENTITY			OTHER THAN	
NUMBER FILED NUMBER EXTRA SASIC FEE 385.00 OR SASIC FEE 770.00				(Column	1 1)	(Colu	ımn 2)				OR		
TOTAL CHARGEABLE CLAIMS	T	OTAL CLAIMS	, 	2					RATE	FEE	7	RATE	FEE
NULTIPLE DEPENDENT CLAIMS				NUMBER	FILED	NUMB	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
MULTIPLE DEPENDENT CLAIMS	TC	TAL CHARGE	ABLE CLAIMS	, mir	nus 20=	*			XS 9=		OR	X\$18=	
*If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) **CLAIMS AFTER PREVIOUSLY PAUDIT PLE DEPENDENT CLAIM **If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) **CLAIMS AFTER PREVIOUSLY PAID FOR TOTAL **COLUMN 1	INE	DEPENDENT C	LAIMS .	minus 3 =		*			X43=		1	X86=	
*If the difference in column 1 is less than zero. enter "0" in column 2 **CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) **CLAIMS REMAINING REMAINING PREVIOUSLY PAUD FOR AFTER PREVIOUSLY PAID FOR ADDIT. FEE **TOTAL OTHER THAN SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY **CLAIMS REMAINING PREVIOUSLY PAID FOR TOTAL OR ADDIT. FEE **TOTAL OTHER THAN SMALL ENTITY OR SMALL ENTITY **CLAIMS ADDIT. FEE **TOTAL OTHER THAN SMALL ENTITY OR SMALL ENTITY **TOTAL ADDIT. FEE **TOTAL ADDIT. FE	ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		1	+290=	
CLAIMS AS AMENDED - PART II	* If	the difference	in column 1 is	less than ze	ero, enter "	"0" in column 2				355	1 1		
Column 1 Column 2 Column 3 Column 4 Column 5 Column 5 Column 6 Column 7 Column 8		С	I AIMS AS A	MENDEL) - PART	. 11			, -	,00] ~		THAN
REMAINING			(Column 1)		(Columi	n 2)	(Column 3)		SMALL	ENTITY	OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			REMAINING AFTER		NUMBE PREVIOU	ER JSLY			RATE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	NON	Total	*		**		=		XS 9=		OR	X\$18=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	AME		<u> </u>	<u> </u>	1	~	= -	1 [X43=		OR	X86=	
Column 1)			NIATION OF IVIC	LTIPLE DE-	2ENDENT	CLAIM			+145=		OR	+290=	
COlumn 1 COlumn 2 COlumn 3	1.		٠					L			_ L	TOTAL	
Total * Minus *** =			(Column 1)		(Columr	n 2)	(Column 3)		NUDII. FEE			ADDIT. I LL	
AFTER AMENDMENT PREVIOUSLY PAID FOR EXTRA Total * Minus *** = Independent Minus *** =	~		CLAIMS		HIĞHES	ST		lr		ADDI-	Г		ADDI-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	NDMENT B		AFTER		PREVIOU	JSLY			RATE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		Total		Minus			= .		X\$ 9=	,	OR	X\$18=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	ND	Total	*	Willias			<u> </u>						
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER PREVIOUSLY PREVIOUSLY PAID FOR Total * Minus ** =	AMEND	Inaependent	*	Minus	***		=		X43=			X86=	
COlumn 1) (Column 2) (Column 3) CLAIMS REMAINING NUMBER PREVIOUSLY PAID FOR Total * Minus *** = Independent * Minus *** = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM **If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE OR TOTAL ADDIT. FEE OR ADDIT. FEE	AMEND	Inaependent	*	Minus	***	CLAIM	=				OR		
CLAIMS REMAINING AFTER AMENDMENT Total Total **Independent * Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM **If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.** **If the "Highest Number Previously Paid For" IN THIS	AMEND	Inaependent	*	Minus	***	CLAIM	=		+145=		OR OR	+290=	
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA Total * Minus ** =	AMEND	Inaependent	*	Minus	***	CLAIM		AI	+145=		OR OR	+290=	
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** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."		Independent FIRST PRESE	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus ULTIPLE DEP Minus Minus Minus	(Column HIGHES NUMBE PREVIOU PAID FO	n 2) ST ER JSLY DR	(Column 3) PRESENT EXTRA		+145= TOTAL DDIT. FEE RATE X\$ 9= X43=	ADDI- TIONAL FEE	OR OR	+290= TOTAL ADDIT FEE RATE X\$18= X86=	TIONAL
	AMENDMENT C	Independent FIRST PRESE	* (Column 1) CLAIMS REMAINING AFTER AMENDMENT * * NTATION OF MU	Minus ULTIPLE DEP Minus Minus Minus	(Column HIGHES NUMBE PREVIOU PAID FO	n 2) ST ER JSLY DR	(Column 3) PRESENT EXTRA =		+145= TOTAL DDIT. FEE RATE X\$ 9= X43= +145=	ADDI- TIONAL FEE	OR OR	+290= TOTAL ADDIT FEE RATE X\$18= X86= +290=	TIONAL

PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED			NUMBI	NUMBER EXTRA		RATE	FEE		RATE	FEE		
DACICIEE			385	5 pel				<u>\$385</u>	OR		s	
	TOTAL CLAIMS (37 CFR 1.16(c)) Z minus 20 = .					1	x \$=	P	OR	x \$=		
	INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = .				0		x \$ =	0	OR	x \$=		
<u> </u>		ENT CLAIM PRESEN		T		+s =	0	OR	+\$ =			
• If t	* If the difference in column 1 is less than zero, enter "0" in column 2.							385	OR	TOTAL		
						TOTAL						
	CLAIMS AS AMENDED – PART II (Column 1) (Column 2) (Column 3)						SMALL I	ENTITY	OR		R THAN ENTITY	
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total (37 CFR 1.16(c))	*	Minus	**	=		x s =		OR	× \$=		
빎	Independent (37 CFR 1.16(b))	*	Minus	***	=		x \$=		OR	x \$ =		
AM		TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1 16(d))	l			OR			
	1110111120211						TOTAL ADD'L FEE			<u>+ \$ = </u> TOTAL		
									OR	ADD'L FEE	<u> </u>	
NT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
)ME	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x \$=		
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	=		x \$=		OR	× \$=		
₽	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$ =		OR	+\$ =		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=		x \$=		OR	× \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=		x \$=		OR	× \$=		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
٠ ا	If the entry in o	column 1 is less tha	in the entr	y in column 2, writ	e "0" in column	3.						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.